Nevada MMIS 271 Unsolicited Transaction Companion Guide

Health Care Eligibility Response
HIPAA Version 5010

Nevada Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

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Change history

The following Change History log contains a record of changes made to this document:

Published / revised	Section/Nature of change
02/11/2013	Initial version

Table of contents

1. Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

The X12N Health Care Implementation Guides have been established as the standards of compliance and are online at:

http://store.x12.org/store/healthcare-5010-consolidated-guides.

Additional information is on the Department of Health and Human Services website at http://aspe.hhs.gov/admnsimp.

1.1. Purpose

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI trading partners that exchange X12 information with Nevada Medicaid.

An EDI trading partner is defined by Nevada Medicaid as anybody such as a provider, software vendor and clearinghouse that exchanges transactions adopted under HIPAA.

HP Enterprise Services (HPES) has prepared this companion guide and website, http://www.medicaid.nv.gov, to support Nevada Medicaid and Nevada Check Up billing. (Hereafter, Nevada Medicaid and Nevada Check Up are referred to as Medicaid unless otherwise specified.)

This companion guide provides specific requirements for receiving eligibility, Third Party Liability (TPL), co-payment and service limit data from HPES.

1.2. Intended use

The following information is intended to serve only as a companion guide to the HIPAA ANSI Accredited Standards Committee (ASC) X12N Technical Report Type 3 (TR3) document. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data.

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2. Working together

2.1. Trading partner registration

An EDI trading partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all trading partners to complete EDI registration regardless of the trading partner type as defined below. Contact the EDI Helpdesk to register.

- Trading partner is an entity engaged in the exchange or transmission of electronic transactions.
- Vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.
- Software vendor is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.
- Billing service is a third party that prepares and/or submits claims for a provider.
- Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

The Trading Partner agreement forms are located at:

http://www.medicaid.nv.gov/providers/edi.aspx

- FA-35 must be completed to enroll as a Trading Partner.
- FA-36 must be completed to enroll as a Trading Partner.
- FA-37 must be completed by the provider in order to link the provider to the Trading Partner.
- FA-39 is used for providers who will be billing using the Payerpath software.

2.2. Payer specific documentation

For additional information regarding recipient eligibility, prior authorization and claims billing, please review the Billing Manual located at http://www.medicaid.nv.gov. Select "Billing Information" from the "Providers" menu.

3. Connectivity/Communications

3.1. Process flows
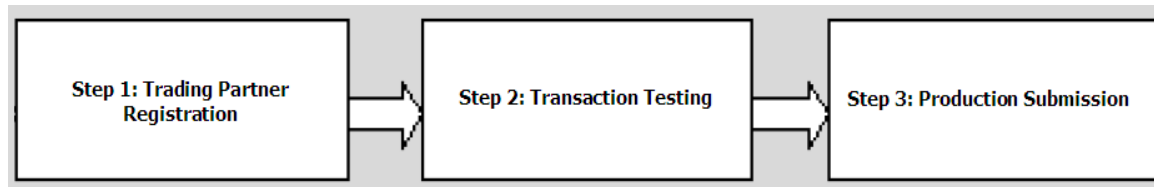
3.2. Transmission procedures

Availability

24 hours/7 days a week

Downtime notification

HPES will notify the trading partners in the case of any planned downtime or unexpected downtime using email distribution.

Re-transmission procedures

Trading partners may call HPES for assistance in researching problems with submitted transactions. HPES will not edit trading partner data and/or resubmit transactions for processing on behalf of a trading partner. The trading partner must correct any errors found and resubmit.

3.3. Communication and security protocols

Trading Partners may find information regarding communication protocols in the Service Center User Manual.

https://www.medicaid.nv.gov/downloads/provider/MMIS_Service_center_user_manual.pdf

4. Contact information

4.1. EDI customer service/technical assistance

EDI Helpdesk

Monday – Friday

8:00 a.m. – 5:00 p.m. PT

Technical, enrollment or setup questions:

E-mail: nvmmis.edisupport@hp.com

Telephone: 1 (877) 638-3472 (select option 2, then option 0, then option 3)
Fax: 1 (775) 335-8594

4.2. Provider services

Provider Relations Department

The Provider Relations Department is composed of representatives who are committed to assisting Nevada Medicaid providers in the submission of claims and the resolution of claims processing concerns.

Provider Relations Call Center

The Provider Relations Call Center communication specialists are available to respond to written and telephone inquiries from providers on billing questions and procedures, claim status, form orders, adjustments, use of the Automated Response System (ARS), electronic claims submission via electronic data interchange (EDI) and remittance advices (RAs).

Call 1-877-638-3472

5. Control segments/envelopes

NOTE: The page numbers listed below in each of the tables represent the corresponding page number in the Health Care Eligibility Benefit Inquire and Response (270/271) Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer
TA1 – Interchange Acknowledgement

5.1. ISA–Control header

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

Segment	Name	Page in IG	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	C.4	00 = No authorization information present
ISA02	Authorization Information	C.4	Value is 10 spaces as field is fixed length.
ISA03	Security Information Qualifier	C.4	00 = No security information present
ISA04	Security Information	C.4	Value is 10 spaces as field is fixed length.
ISA05	Interchange ID Qualifier	C.4	ZZ
ISA06	Interchange Sender ID	C.4	NVM FHSC FA followed by spaces as data element is fixed length.
ISA07	Interchange ID Qualifier	C.5	ZZ

Segment	Name	Page in IG	Notes/Comments
ISA08	Interchange Receiver ID	C.5	The 4-digit Service Center Code followed by spaces as data element is fixed length.
ISA09	Interchange Date	C.5	Format is YYMMDD
ISA10	Interchange Time	C.5	Format is HHMM
ISA11	Repetition Separator	C.5	!
ISA12	Interchange Control Version Number	C.5	00501
ISA13	Interchange Control Number	C.5	Must be identical to Interchange Trailer IEA02
ISA14	Acknowledgment Requested	C.6	0 = No Interchange Acknowledgment Requested
ISA15	Interchange Usage Indicator	C.6	P = Production Data T = Test Data
ISA16	Component Element Separator	C.6	:

5.2. IEA–Control trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

Segment	Name	Page in IG	Notes/Comments
IEA	Interchange Control Trailer		
IEA01	Number of Included Functional Groups	C.10	Number of Functional Groups (GS/GE)
IEA02	Interchange Control Number	C.10	Must be identical to ISA13

5.3. GS–Functional group header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

Segment	Name	Page in IG	Notes/Comments
GS	Functional Group Header		
GS01	Functional Identifier code	C.7	HB = Eligibility, Coverage, or Benefit Information
GS02	Application Sender's Code	C.7	NVM FHSC FA
GS03	Application Receiver's Code	C.7	The 4-digit Service Center Code assigned by HP Enterprise Services (HPES).
GS04	Date	C.7	Will be set during processing in format of CCYYMMDD
GS05	Time	C.8	Will be set during processing in the HHMM format
GS06	Group Control Number	C.8	Will be set during processing
GS07	Responsible Agency Code	C.8	X = Accredited Standards Committee X12
GS08	Version/Release /Industry Identifier Code	C.8	005010X279A1

5.4. GE–Functional group trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

Segment	Name	Page in IG	Notes/Comments
GE	Functional Group Trailer		
GE01	Number of Transaction Sets Included	C.9	Number of included Transaction Sets
GE02	Group Control Number	C.9	Must be identical to the value in GS06

5.5. ST–Transaction set header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

Segment	Name	Page in IG	Notes/Comments
ST	Transaction Set Header		
ST01	Transaction Set Identifier Code	61	271
ST02	Transaction Set Control Number	61	Incremented by 1 when multiple transaction sets are included; must be identical to SE02.
ST03	Implementation Convention Reference	62	005010X279A1

5.6. SE–Transaction set trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

Segment	Name	Page in IG	Notes/Comments
SE	Transaction Set Trailer		
SE01	Transaction Segment Count	450	Number of segments included within the ST/SE segments
SE02	Transaction Set Control Number	450	Must be identical to ST02

6. Instruction tables

This table contains rows for each segment for which supplemental instruction is needed.

6.1. 005010X279A1 Batch eligibility benefit inquiry (271U)

Loop	Segment	Name	Page in IG	Comments
	BHT	Beginning of Hierarchical Transaction		
	BHT01	Hierarchical Structure Code	211	0022 = Information Source, Information Receiver, Subscriber, Dependent
	BHT02	Transaction Set Purpose Code	212	11 = Response
	BHT03	Reference Identification	212	271 Transportation Eligibility
	BHT04	Date	212	Date of transaction in CCYYMMDD format
	BHT05	Time	212	Time of transaction in HHMMSSDD format
2000A	HL	Information Source Level		
	HL01	Hierarchical ID number	214	1
	HL03	Hierarchical Level Code	214	20 = Information Source
	HL04	Hierarchical Child Code	214	1 = Additional Subordinate HL Data Segment in This Hierarchical Structure
2100A	NM1	Information Source Name		
	NM101	Entity Identifier Code	218	PR = Payer
	NM102	Entity Type Qualifier	219	2 = Non-Person Entity

Loop	Segment	Name	Page in IG	Comments
	NM103	Information Source Last or Organization Name	219	DHCFP
	NM108	Identification Code Qualifier	220	PI = Payer Identification
	NM109	Information Source Last or Organization Name	220	NVMED FHSC – Nevada Medicaid Information Source Identifier
2000B	HL	Information Receiver Level		
	HL01	Hierarchical ID Number	230	2
	HL02	Hierarchical Parent ID number	230	1
	HL03	Hierarchal Level Code	231	21 – Information Receiver
	HL04	Hierarchical Child Code	231	1 = Additional Subordinate HL Data Segment in This Hierarchical Structure
2100B	NM1	Information Receiver Name		
	NM101	Entity Identifier Code	232	1P = Provider
	NM102	Entity Type Qualifier	233	2 = Non-Person Entity
	NM103	Information Receiver Organization Name	233	Provider Name
	NM108	Information Receiver Identification Number	234	SV = Service Provider Number

Loop	Segment	Name	Page in IG	Comments
	NM109	Information Receiver Identification Number	235	Medicaid Provider Number
2000C	HL	Subscriber Level		
	HL01	Hierarchical ID Number	244	ID number (varies based on responses place in batch)
	HL02	Hierarchical Parent ID number	244	Parent ID number (varies based on responses place in batch)
	HL03	Hierarchal Level Code	245	22 = Subscriber
	HL04	Hierarchical Child Code	245	0 = No Subordinate HL Segment in this Hierarchical Structure
2100C	NM1	Subscriber Name		
	NM101	Entity Identifier Code	249	IL = Member ID Number
	NM102	Entity Type Qualifier	250	1 = Person
	NM103	Subscriber Last Name	250	Recipient Name
	NM104	Subscriber First Name	250	Recipient First Name
	NM105	Subscriber Middle Name or Initial	250	Recipient Middle Name
	NM107	Subscriber Name Suffix	251	Recipient Suffix
	NM108	Identification Code Qualifier	251	MI = Member Identification Number
	NM109	Subscriber Primary Identifier	252	The 11-digit Recipient Identification Number

Loop	Segment	Name	Page in IG	Comments
2100C	REF	Subscriber Additional Identifier		
	REF01	Reference Identification Qualifier	255	SY = Social Security Number
	REF02	Subscriber Supplemental Identifier	256	Recipient Social Security Number
2100C	N3	Subscriber Address		
	N301	Subscriber Address Line	257	Recipient Address
	N302	Subscriber Address Line	258	This information is used for additional address information if needed.
2100C	N4	Subscriber City, State, Zip Code		
	N401	Subscriber City Name	260	Recipient City Name
	N402	Subscriber State Code	260	Recipient State Code
	N403	Subscriber Postal Zone or Zip Code	260	Recipient Zip Code
2100C	DMG	Subscriber Demographic Information		
	DMG01	Date Time Period Format Qualifier	269	D8
	DMG02	Subscriber Birth Date	269	Recipient Birth Date Expressed in Format CCYYMMDD
	DMG03	Subscriber Gender Code	269	Recipient Gender Code

Loop	Segment	Name	Page in IG	Comments
		**Loop 2110C** **Medicaid Eligibility Information**		
2110C	EB	Subscriber Eligibility or Benefit Information		
	EB01	Eligibility or Benefit Information Code	292	1 = Active Coverage
	EB02	Coverage Level Code	293	IND = Individual
	EB03	Service Type Code	294	30 = Health Benefit Plan Coverage
	EB04	Insurance Type Code	299	MC = Medicaid
	EB05	Plan Coverage Description	300	Plan Name
2110C	DTP	Subscriber Eligibility/Benefit Date		
	DTP01	Date Time Qualifier	317	307 = Benefit
	DTP02	Date Time Period Format Qualifier	318	RD8 = Range of Dates
	DTP03	Eligibility or Benefit Date Time Period	318	Expressed in Format CCYYMMDD-CCYYMMDD
2110C	MSG	Message Text		
	MSG01	Free Form Message Text	323	Recipient Phone Number
		**Loop 2110C** **Third Party Liability**		
	EB01	Eligibility or Benefit Information Code	292	R = Other or Additional Payer

Loop	Segment	Name	Page in IG	Comments
	EB03	Service Type Code	294	30 = Health Benefit Plan Coverage
	EB04	Insurance Type Code	299	OT = Other
	EB05	Plan Coverage Description	300	Plan Name
2110C	REF	Subscriber Additional Identification		
	REF01	Reference Identification Qualifier	315	IL = Group or Policy Number
	REF02	Subscriber Eligibility or Benefit Identifier	316	Group or Policy Number
2110C	DTP	Subscriber Eligibility/Benefit Date		
	DTP01	Date Time Qualifier	317	307 = Benefit
	DTP02	Date Time Period Format Qualifier	318	RD8 = Range of Dates
	DTP03	Eligibility or Benefit Date Time Period	318	Expressed in Format CCYYMMDD-CCYYMMDD
2110C	LS	Loop Header		
	LS01	Loop Identifier Code	328	2120 = Identifier of Nested Loop
2120C	NM1	Subscriber Benefit Related Entity Name		
	NM101	Entity Identifier Code	330	1P = Provider
	NM102	Entity Type Qualifier	331	1 – Person 2 – Non-Person

Loop	Segment	Name	Page in IG	Comments
	NM103	Benefit Related Entity Last or Organization Name	331	
	NM108	Identification Code Qualifier	332	FA = Facility Identification PP = Pharmacy Processor Number SV = Service Provider Number
	NM109	Benefit Related Entity Identifier	333	
2120C	N3	Subscriber Benefit Related Entity Address		
	N301	Benefit Related Entity Address Line	335	
	N302	Benefit Related Entity Address Line	335	This information is used for additional address information if needed.
2120C	N4	Subscriber Benefit Related Entity City, State, Zip Code		
	N401	Benefit Related Entity City Name	336	
	N402	Benefit Related Entity State Code	337	
	N403	Benefit Related Entity Zip Code	337	
2120C	PER	Subscriber Benefit Related Entity Contact Information		
	PER01	Contact Function Code	340	IC = Information Contact

Loop	Segment	Name	Page in IG	Comments
	PER02	Benefit Related Entity Contact Name	340	
	PER03	Communication Number Qualifier	341	TE = Telephone
	PER04	Benefit Related Entity Telephone Number	341	
2110C	LE	Loop Trailer		
	LE01	Loop Identifier Code	346	

7. Payer specific business rules and limitations

The information when applicable under this section is intended to help the trading partner understand the business context of the EDI transaction.

7.1. Availability and submission

The 271 Unsolicited file will be sent twice a month.